U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-	2. Fiscal Year Covered Fron:	
12547	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Jay K Potesta	Name Sheet Metal Workers Local No. 20	
	Labor Organization File Number 515-617	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 20530	
Street 2828 E. 45th Street	Street 2828 E. 45th Street	
City Indianapolis	City Indianapolis	
State Indiana ZIP Code + 4 46220-0530	State Indiana ZIP Code + 4 46220-0530	
5. Position in labor organization.  Business Mgr, Fin.Secty/Treas	<u> </u>	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name SMW L.U.#20 Joint Apprentice. & Trng Trust	Expenses for attending the Regional Apprenticeship Contest	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite A	7.b. Amount.	
Street 2828 E. 45th Street	7.5. Amount	
City Indianapolis	\$706	
State Indiana ZIP Code + 4 46205		
Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and period, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the	
Signed Jay . Hearing	On 7/5/2005 317-549-6013	
	Date Telephone Number	

Name of Person Filing Jay Potesta	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade rame, if any).	9. Business deals with:	
Name CaremarkRx		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	X  b. Trust	
Street 2211 Sanders Road	c. Employer	
City Northbrook		
State Illincis ZIP Code + 4 60062		
Juli 2000 14 3332		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SMW Local Union #20 Welfare and Benefit Fund	Pharmacy Benefit Manager	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 55287		
Street 2828 E. 45th Street	<u> </u>	
City Indianapolis	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
State Indiana ZIP Code + 4 46205	Dinner and baseba.l game	
	, i	
	40.5 0	
	12.b. Amount. \$87	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of va'ue.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
40 h Jaha Barrasa an Frankria	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?		

Name of Person Filing Jay Potesta		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade rame, if any).  Name Zenith Administrators  Trade Name, if any:  P.O. Box, Bidg., Room No., if any:  Street 2601 Fortune Circle East, Ste 103A  City Indianapolis  State Indiana ZIP Code + 4 46241	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ition	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.	
Name SMW Local Union #20 Welfare & Benefit Fund  Trade Name if any:  P.O. Box, Bldg., Room No. if any P. O. Box 55287	Third Party Admiri	strator	
Street 2828 E. 45th Street	11.b. Approximate dollar val.	ue of such dealing	
City Indianapolis	12.a. Nature of interest he		
State Indiana ZIP Code + 4 46205	11 -	er Trustee's Meeting	
	12.b. Amount.	\$66	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		ļ	
Trade Name, if any:		, 	
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Persor Filing Jay Potesta	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Legacy Professionals  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 30 N. LaSalle Street, #4200  City Chicago  State Illinois ZIP Code + 4 60602  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name SMW Local Union #20 Welfare & Benefit Fund  Trade Name, if any:	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer  11.a. Nature of such dealing.  Fund Auditor		
P.O. Box, Bldg., Room No., if any P.O. Box 55287  Street 2828 E. 45th Street	11.b. Approximate dollar value of such dealing.		
City Indianapolis  State Indiana ZIP Code + 4 46205	12.a. Nature of interest he'd or income received.  Holiday Dinner after Trustee's Meeting		
	12.b. Amount. \$33		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name -			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant [] ?	14.b. Amount of payment.		

Name of Person Filing Jay Potesta	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name The Segal Company, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 101 N. Wacker Drive  City Chicago  State Illinois ZIP Code + 4 60606  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name SMW Local Union #20 Welfare & Benefit Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 55287  Street 2828 E. 45th Street	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.  Actuary Consultant
City Indianapolis  State Indiana ZIP Code + 4 46205	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Holiday Dinner after Trustee's Meeting
	12.b. Amount. \$33
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Re ations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Jay Potesta	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name The Segal Company	
Trade Name, if any:	a. Labor Organ zation  X b. Trust
P.O. Box, Bldg Room No., if any	c. Employer
Street 101 N Wacker Drive	. C. Employer
City Chicago	
State Illinois ZIP Code + 4 60606	
10. If 9.b. or 9.c is checked give trust or employed's name.	11.a. Nature of such dealing.
Name SMW Local No 20 Gary Area Pension Fund	Actuary to Pension Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	, , ,
Street 6450 Ameriplex Drive	
City Portage	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
State Indiana ZIP Code + 4 46368	Golf in connection to Actuary Report
	12.b. Amount. \$50
C. Received from any employer (other than an employer covered unde	r parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value.  14.a. Nature of payment.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer   or Consultant ?	14.b. Amount of payment.

Name of Person Filing Jay Potesta	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Legacy Professionals LLP	·Vi		
Trade Name, if any:	, X a. Labor Organization		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 30 N. LaSalle Street, #4200	, c. Employer		
City Chicago			
State   Illinois   ZIP Code + 4 60602			
10. If 9.b. or 9.c. s checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Local Union Auditor		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4 ]	Promotional and Business Meetings during all meals.		
	12.b. Amount. \$402		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and acdress of Employer or Labor Relations Consultant (including trace name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if ary:			
P.O. Box, Bldg., Room No., if any			
Street	[		
City			
State ZIP Ccde + 4	' 		
13.b. Is the Busin∈ss an Employer or Consutant ?	14.b. Amount of payment.		

Name of Person Filing Jay Potesta	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Weiss, Peck & Greer  Trade Name, if any:  P.O. Box, Bldg. Room No., if any  Street 909 Third Avenue, 31st Floor  City New York  State New York  ZIP Code + 4 10022	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name SMW Local 20 Gary Area Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Fund Manager to Trust Fund		
Street 6450 Ameriplex Drive  City   Portage	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest hald or income received.  Golf, Lunch and Dinner in connection to Trust Fund Meeting		
	12.b. Amount. \$548		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of va:ue.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any  Street  City			
State			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Jay Potesta	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Northwest Indiana Contractor's Association			
Trade Name, if any:	X  a. Labor Organ zation		
P.O. Box, Bldg. Room No., if any	b. Trust c. Employer		
Street 111 W. 10th Street, Suite 98	G. Employer		
City Hobart:			
State Indiana ZIP Code + 4 46342			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Union to Association		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
State ZIP Code + 4	Golf and Dinner		
	ļ		
	12.b. Amount. \$60		
C. Received from any employer (other than an employer covered unde			
or from any labor relations consultant to an employer any payment of money	or other thing of value.  14.a. Nature of payment.		
13.a. Name and εddress of Employer or Labor Relations Consultant (including trade name, if any).	14.a. readic of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State     ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Jay Potesta	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from set ing or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name CaremarkRx  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2211 Sanders Road  City Northbrook  State Illinois ZIP Code + 4 60062	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SMW Local Union #20 Welfare & Benefit Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 55287  Street 2828 F. 45th Street  City Indianapolis  State Indiana ZIP Code + 4 46205	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Dinner in connection with meeting.		
	12.b. Amount. \$117		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Jay Potesta	ne of Person Filing Jay Potesta		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name   National Energy Management Institute, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any   Suite 250  Street 601 N. Fairfax Street  City Alexandria  State Virginia   ZIP Code + 4 22314	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ition	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.	
Name National Energy Management Institute, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 250  Street 601 N. Fairfax Street  City Alexandria  State Virginia ZIP Code + 4 22314	Trust Fund  11.b. Approximate dollar va:  12.a. Nature of interest hel  Dinner in connecti	d or income received.	
	12.b. Amount.	\$60	
C. Received from any employer (other than an employer covered under	er parts A and B above)		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value.  14.a. Nature of payment.		
(including trade name, if any).			
Name		İ	
Trade Name, if any:		1	
P.O. Box, Bldg., Room No., if any		,	
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Jay Potesta	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade rame, if any).  Name   Zenith   Administrators	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name SMW Local Union #20 Welfare & Benefit Fund	11.a. Nature of such dealing.  Third Party Administrator		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any P. O. Box 55287  Street 2828 E. 45th Street  City Indianapolis  State Indiana ZIP Code + 4 46205	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Golf in connectior with Trustee's Meeting		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City	14.a. Nature of payment.		
State ZIP Code + 4]			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Jay Potesta		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, se lirig or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bldg., Room No., if any	. 1		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ng.	
Name			i
Trade Name, if any:			. ا
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar val	le of such dealing	
City	12.a. Nature of interest he		
State ZIP Code + 4	. 3	<del></del>	
			1
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	Sponsored a dinna GEC/General Conva	r/cruise in conjurention.	nction with the
Name Miserow Financial			
Trade Name, if any:	] : 		
P.O. Box, Bldg., Room No., if any			1
Street 350 N. Clarke Street			
City Chicago	i		i
State Illinois ZIP Code + 4 60610			· <u></u>
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		\$226

Name of Person Filing Jay Potesta	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	' a Labor Ornon politica	
Trade Name, if any:	a. Labor Organ zation  D. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State   ; ZIP Code + 4		
10. If 9.b. or 9.c is checked give trust or employe: s name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	;	
	<u> </u>	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Daley & George, Ltd.,	Sponsored a dinrer/cruise in conjunction with the GEC/General Convention.	
Trade Name, if ɛny:		
P.O. Box, Bldg., Room No., if any Suite 400		
Street 20 South Clarke		
City Chicago		
State   Illinois   ZIP Code + 4 60603		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$354	

Name of Person Filing Jay Potesta	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	,		
Trade Name, if any:	a. Labor Organ zation		
P.O. Box, Bldg. Room No., if any	b. Trust		
Street ,	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	 		
Street			
City	Approximate dollar value of such dealing.      Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	<u> </u>		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Ivy Tech Foundation	Lunch and dinner in connection with the Indiana Society of Chicago		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any P.O. Box 1763			
Street One West 26th Street			
City Indianapolis			
State   Indiana			
12 h le the Business on Employer	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?	\$107		

Name of Persor Filing Jay Potesta	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	,		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deaing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	Approximate dollar value of such dealing.      La. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount,		
C. Received from any employer (other than an employer covered unde	r parts A and B above)		
or from any labor relations consultant to an employer any payment of money	or other thing of value.  14.a. Nature of payment.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Various meals during business meetings		
Name Amalgamated Bank of Chicago			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street One West Monroe			
City Chicago			
State Illinois ZIP Code + 4 60603-5301			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Jay Potesta	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade rame, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
ску			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	!		
	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12 h Amount		
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Amalgamated Bank of Chicago	Dinner and baseball game		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street One West Monroe			
City Chicago			
State   Illinois   ZIP Code + 4 60603-5301			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$451		

Name of Person Filing Jay Potesta	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, cr (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any		
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	l <sub>1</sub>	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	i	
	12.b. Amount.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	Baseball game tickets	
Name Amalgamated Bank of Chicago		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street One West Monroe		
City Chicago		
State   Illinois   ZIP Code + 4 60603-5301		
13.b. Is the Business an Employer or Corsultant ?	14.b. Amount of payment. \$1,060	

Name of Person Filing Jay Potesta	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with	
Name	·-¬	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	i j c. Employe:	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name [		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest he'd or income received.	
State ZIP Code + 4		
	·	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Bank Cne	Dinner and game tickets	
Trade Name, if any:	1	
P.O. Box, Bidg., Room No., if any 4th Floor	·  -	
Street 111 Monoument Circle	į į	
City   Indianapolis   ZIP Code + 4   45277		
State Indiana   ZIP Code + 4 (45277		
13.b. Is the Business an Employer   or Consultant   ?	14.b. Amount of payment.	



## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature